1	1716	MI APPLICA	ALION FE ffective O	E.DETERN October 1, 20	IINA DO3	TION RE	CO	RD ·	1	5/0			
CLAIMS AS FILED - PART I													
	TOTAL CLA	7	TYPE] .	OIR		IER THAN LL ENTITY					
	FOR			NUMBER FILED		NUMBER EXTRA		RAT		FEE]	RAT	
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!!~	NDEPENDEN			minus 3 =				X\$ 9			OR	X\$18:	=
-	MULTIPLE DEPENDENT CLAIM PRESENT								-		OFI	X86=	·
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	CLAIMS AS AMENDED - PART II												
T ₄		(Column CLAIMS REMAINING		(Column HIGHES	1 2) ST	(Column 3	3)	SMAL	L ENTI	TY (OR_	SMALL	R THAN ENTITY
AMENDMENT		AFTER AMENDMEN	- 1	PREVIOU PAID FO	SLY	PRESENT EXTRA		RATE		VAL		RATE	ADDI- TIONAL
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lf th	6 Highest Num	n 1 is less than the ber Previously Pak ber Pr viously Pak er Previously Pak	C IN INS	SPACE is less th	an 20.	nter.*20 *	<u></u>	TOTAL		OR OR	<u> </u>	OTAL	
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PT	0-675 (Rev 10/0	2)						•				•	ı